# DISCLOSURE SUMMARY PAGE

DR-2 DISCLOSURE REPORT

For Office Use Only 7200

Comm. # Indexed Audited Computer

COMMITTEE NAME (Must be same as on Statement of Organization)	
(most be same as on Statement of Organization)	
Wright County Democrats	
IMPORTANT: Indicate type of committee you are reporting for:	
(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee (8) Support State of Candidates	

SIGNATURE OF TREASURER (or person filing this report)

515-532-2919

5-16-08 DATE SIGNED

# Penalties Due For Late Filed Reports Range from \$10 to \$400

SEE INSTRUCTIONS ON BACK AND COMPLETE TH	E FOLLOWING SENTENCE
	REPORT FOR ANIA (1) ELECTION /(2)NON-ELECTION YEAR.
CHECK IF AMENDMENT TO REPORT DATED	

Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. (You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election

Nov. 4, 2008

County & Local Committees, enter County in which Election is held

Wright

## STATEMENT OF CASH ON HAND

of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)	1057.99
ADD TOTAL MONEY TAKEN IN THIS PERIOD	1037777
Schedule A: Cash Contributions total (Attach Schedule A)	1247 60
Scriedule C: Fund-raising Events total (Attach Schedule C)	
Attach Schedule F)	
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	
(Schedule H applies to Candidates' Committees Only)	
SUB-TOTAL\$	2304,99
Schedule B: Expenditures total (Attach Schedule B)	578 34
Schedule F: Loan Repayments total (Attach Schedule F)	3 70, 34
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)\$	1726.65
UNPAID BILLS (From Schedule D - Attach Schedule D)	
, madi odiedale L)	
CONSULTANT BREAKDOWN (Schedule G Attached?)	YES NO

### For Instructions, See Back of Form

#### **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)	(Nev. 02/90)	RECEIPTS
	☐ CHE	CK THIS BOX IF
COMMITTEE NAME (Must be same as on Statement of Organization)		NDING FORM
Wright County Democrats		

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

10#	DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED
3-20-08 CK# Deposit-County Intg. 623 PE  3-24-08 Deposit-Egenera Mtg. 124. PO  Deposit-From Campaign For Spencer-Ames, IA. 500. PS  CK# ID# CK		ID#			
3-24-08    CK#   Deposit- Genera   Mtg.   124. **   5-1-08	3-20-08	СК#	Deposit- County Mta		
CK#		ID#	·		
CK#	3-24-08		Deposit-General Mtg.		124.00
CK#		ID#	no masity From Campaign		
CK#	5-1-08	CK#	For Spencer-Ames, IA.		500,69
ID#   CK#		ID#			
CK#  ID#  CK#		СК#			
ID#   CK#		ID#			
CK#  ID#  CK#  ID#  CK#  ID#  CK#  ID#  CK#  ID#  CK#		СК#			
ID# CK#  ID# CK#  ID# CK#  ID# CK#  ID# CK#  CK#		ID#			
CK#  ID#  CK#  ID#  CK#  ID#  CK#  CK#  CK#  CK#		CK#	·		
ID# CK# ID# CK# ID# CK# CK#		ID#			
CK#  ID#  CK#  ID#  CK#  CK#	·	CK#		·	
ID# CK# ID# CK#		ID#			
CK# ID# CK#		CK#			
ID# CK#		ID#	· · · · · · · · · · · · · · · · · · ·		
ск#		CK#			
		ID#			
SUB-TOTAL		СК#			
				SUB-TOTAL	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the

committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page \_\_\_\_\_ of \_\_\_\_

**SCHEDULE** 

**MONETARY** 

FOR INSTRUCTIONS, SEE BACK OF FORM

## **EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 02/96)	MONETARY EXPENDITURES
CHEC	CK THIS BOY IF

AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Wright County Democrats

IVVI		ounty Democrats		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (CANDIDATES SEE BELOW & ENTER 1,2,3)	AMOUNT EXPENDED
	ID#	Belmond Independent	2 Cauchs	
1-7-08	CK#643	Belmond, IA	Ads ()	\$ 99,00
	ID#	Printing Services, Inc.	1 Caucus	
1-7-08		Belmond, IA.	Ad ( )	35,20
	ID#	Mid American Publishing	/ caucus	
1-708	CK# 645	Hampton, IA	Ad ()	22,40
	ID#	Wright County Monitor	2 CRUCUS	
1-7-08	CK# 646	Clarion, TA.	Ads ()	58-40
	ID#	Mid American Publishing	/ Eaucus	
2-12-08	CK#647	Hampton, IA.	Ad ()	22,40
	IU#	Caseys	Food.	
3-15-08	CK#648	Clarion, IA.	Co. mtg( )	35,94
	ID#	Roger Johnson	Supplies	
3-21-08	<b>ск#</b> £49	<b>✓</b>		55,00
			0.45	

SUB-TOTAL
TOTAL (if last page of this schedule)

SUB-TOTAL \$328,37

### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Campaign funds may be used only for:

(1) campaign purposes,

(2) constituency expenses, and

(3) educational and other expenses associated with duties of office.

Please insert the applicable number in the purpose column for each expenditure.

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 56.6(3)(i).)

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FOR INSTRUCTIONS, SEE BACK OF FORM

# **EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 02/96)	MONETARY
(Rev. 02/96)	EXPENDITURES
☐ CHEC	CK THIS BOY IF

AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
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Wright County Democrats NAME AND ADDRESS TO WHOM EXPENDITURE DATE **ID NUMBER PURPOSE** (Disbursement) WAS MADE **AMOUNT EXPENDED** (CANDIDATES SEE (if applicable) **EXPENDED** (MM/DD/YR) **AND PAC BELOW & ENTER CHECK NUMBER** 1,2,3) ID# Fourth District Dem. Fourth DISTRICI ZUIII
Treasurer
10 Delegates District 3-25-64 CK# mtg.()|\$250,00 650 CK# ( ID# CK# ) ID# CK# ) ID# CK# ID# CK# ID# CK#

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- (3) educational and other expenses associated with duties of office.

Please insert the applicable number in the purpose column for each expenditure.

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Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to

Page 2 of 2

TOTAL (if last page of this schedule)

SUB-TOTAL